

FILED

JAN 03 2012

[Signature]
CLERK

GEORGE HARP 54099

Name and Prisoner/Booking Number

~~BOYSAN~~ S.D. STATE PRISON

Place of Confinement

Box 5911

Mailing Address

SIOUX FALLS, S.D. 57117-5911

City, State, Zip Code

UNITED STATES DISTRICT COURT
DISTRICT OF SOUTH DAKOTA
DIVISION

GEORGE EVANS HARP

(Full Name of Plaintiff)

Case No. _____
(To be supplied by the Clerk)

Plaintiff,

CIVIL RIGHTS COMPLAINT
BY A PRISONER

vs.
MIKE DUFFEE STATE PRISON
SOUTH DAKOTA STATE PRISON
SOUTH DAKOTA DEPT. OF CORR.

SOUTH DAKOTA PRISON MED. DEPT.

(Full Name of Each Defendant)

☐ Original Complaint
☐ First Amended Complaint
☐ Second Amended Complaint

Defendants.

NAMES OF INDIVIDUALS TO BE NAMED BY LATER DATE
WARDEN DOOLEY (MIKE DUFFEE STATE PRISON) WARDEN WEBER (S.D. STATE PRISON)
DR. WILSON, DR. REGERE.

1. This Court has jurisdiction over this action pursuant to:
- ☒ 28 U.S.C. § 1343(a)(3); 42 U.S.C. § 1983
 - ☐ 28 U.S.C. § 1331; *Bivens v. Six Unknown Federal Narcotics Agents*, 403 U.S. 388 (1971).
 - ☐ Other: (Please specify.) _____

2. Name of Plaintiff: GEORGE HARP
Present mailing address: ~~SIOUX FALLS~~ SIOUX FALLS, S.D. 57117-5911
(Failure to notify the Court of any change of address may result in dismissal of this action.)

Institution/city where violation occurred: MIKE DUFFEE STATE PRISON
(2) SOUTH DAKOTA STATE PRISON

3. Name of first Defendant: WARDEN WOLLEY. The first Defendant is employed as:
WARDEN at MIKE DUFFEE STATE PRISON
 (Position and Title) (Institution)
 This Defendant is sued in his/her: ☒ individual capacity ☒ official capacity (check one or both)
 Explain how this Defendant was acting under color of law: KNEW OF CRIMINAL ACTS AND CRUEL AND UNUSUAL TREATMENT.
4. Name of second Defendant: DR. WILKINSON. The second Defendant is employed as:
DR AND HEAD OF MED. DEPT. MIKE DUFFEE STATE PRISON
 (Position and Title) (Institution)
 This Defendant is sued in his/her: ☒ individual capacity ☒ official capacity (check one or both)
 Explain how this Defendant was acting under color of law: ACTED AS ARM OF DOC. INSTEAD OF DR. REFUSED ADEQUATE MEDICAL TREATMENT.
5. Name of third Defendant: DEPT. OF CORR. (D.O.C.). The third Defendant is employed as:
SUPREINTENDANT at D.O.C., PIERRE S.D.
 (Position and Title) (Institution)
 This Defendant is sued in his/her: ☒ individual capacity ☒ official capacity (check one or both)
 Explain how this Defendant was acting under color of law: ORDERED PRISON DR'S NOT TO GIVE PLAINTIFF ADEQUATE MEDICATION.
6. Name of fourth Defendant: MADDEN WEBER. The fourth Defendant is employed as:
WARDEN SO. DAK. ST. PR. at S.D.S.P. SIOUX FALLS, S.D.
 (Position and Title) (Institution)
 This Defendant is sued in his/her: ☐ individual capacity ☐ official capacity (check one or both)
 Explain how this Defendant was acting under color of law: ORDERS DR KEGGER AND DR WILKINSON NOT TO PRESCRIBE CERTAIN MEDICATION

(If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.)

B. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☐ Yes ☒ No
2. If your answer is "yes," how many lawsuits have you filed? _____. Describe the previous lawsuits in the spaces provided below.
3. First prior lawsuit:
- a. Parties to previous lawsuit:
- Plaintiff: _____
- Defendants: _____

- b. Court: (If federal court, identify the district; if state court, identify the county.) _____
- c. Case or docket number: _____
- d. Claims raised: _____
- e. Disposition: (For example: Was the case dismissed? Was it appealed? Is it still pending?) _____
- f. Approximate date lawsuit was filed: _____
- g. Approximate date of disposition: _____
4. Second prior lawsuit:
- a. Parties to previous lawsuit:
Plaintiff: _____
Defendants: _____
- b. Court: (If federal court, identify the district; if state court, identify the county.) _____
- c. Case or docket number: _____
- d. Claims raised: _____
- e. Disposition: (For example: Was the case dismissed? Was it appealed? Is it still pending?) _____
- f. Approximate date lawsuit was filed: _____
- g. Approximate date of disposition: _____
5. Third prior lawsuit:
- a. Parties to previous lawsuit:
Plaintiff: _____
Defendants: _____
- b. Court: (If federal court, identify the district; if state court, identify the county.) _____
- c. Case or docket number: _____
- d. Claims raised: _____
- e. Disposition: (For example: Was the case dismissed? Was it appealed? Is it still pending?) _____
- f. Approximate date lawsuit was filed: _____
- g. Approximate date of disposition: _____

(If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.)

C. CAUSE OF ACTION

COUNT I

1. The following constitutional or other federal right has been violated by the Defendant(s): DONT KNOW THE NAMES OF RIGHTS EXCEPT CRUEL AND UNUSUAL TREATMENT AND ENDANGERING MY LIFE.

2. Count I involves: (Check **only one**; if your claim involves more than one issue, each issued should be stated in a different count)
- | | | | |
|--|---------------------------------------|---|-----------------------------------|
| <input checked="" type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Medical care | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Property |
| <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ | | |

3. **Supporting Facts:** (State as briefly as possible the FACTS supporting Count I. Describe exactly what each Defendant did or did not do to violate your rights. State the facts clearly in your own words without citing legal authority or arguments).

MIKE DURSEE WARDEN ALLOWED OFFICERS TO ASSAULT AND THREATEN ME, STOLE MY LEGAL DOCUMENTS AND LET ME T30ARS MY FRAME ME AND THREATENED TO TAKE MY LEGAL PAPERS OR WILSON GA REFUSED ME MEDICATION THAT WAS ORDERED FOR ME BY PRISONER MR. AND DAIN CLINIC. OTHERS INVOLVED TO BE NAMED LATER WHEN I CAN GET HELP TO PROSECUTE MY CASE I WILL ELABORATE WHEN I GET LEGAL ASSISTANCE.

4. **Injury:** (State how you have been injured by the actions or inactions of the Defendant(s)).

INJURY TO MY LIFE, HEALTH, MENTAL AND PHYSICAL. AND TO MY APPEAL CAUSING ME TO BE UNABLE TO USE STOLEN DOCUMENTS FOR APPEAL OF SENTENCE.

5. **Administrative Remedies:**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Count I? ☒ Yes ☐ No
- Did you appeal your request for relief on Count I to the highest level? ☐ Yes ☒ No
- If you did not submit or appeal a request for administrative relief to the highest level, briefly explain why you did not. REFUSED PROCESS, TRIED BUT STIMMED AT ALL REQUESTS.

COUNT II

1. The following constitutional or other federal right has been violated by the Defendant(s): 1. A) -
INMATE CONDITIONS IN "HARD CELL" CRUEL AND USUAL
DEPT INMATE AT INDIAN LAUREST. PRISON

2. Count II involves: (Check **only one**; if your claim involves more than one issue, each issued should be stated in a different count)

<input type="checkbox"/> Medical care	<input type="checkbox"/> Access to the court	<input type="checkbox"/> Mail
<input type="checkbox"/> Disciplinary proceedings	<input type="checkbox"/> Retaliation	<input type="checkbox"/> Exercise of religion
<input type="checkbox"/> Excessive force by an officer	<input checked="" type="checkbox"/> Threat to safety	<input type="checkbox"/> Property
<input type="checkbox"/> Other: _____		

3. **Supporting Facts:** (State as briefly as possible the FACTS supporting Count II. Describe exactly what each Defendant did or did not do to violate your rights. State the facts clearly in your own words without citing legal authority or arguments).

IN HARD CELL KEPT WAKEN W/ NO FOOD OR
WATER FOR 48 HRS ON 30 CEASIONS.
BEING PARALYZED WAS UNABLE TO OBTAIN
FOOD, WATER, OR MEDICATION.

4. **Injury:** (State how you have been injured by the actions or inactions of the Defendant(s)).

MENTAL AND PHYSICAL HEALTH AFFECTED

5. **Administrative Remedies:**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Count II? ☐ Yes ☒ No
- Did you appeal your request for relief on Count II to the highest level? ☐ Yes ☒ No
- If you did not submit or appeal a request for administrative relief to the highest level, briefly explain why you did not. SCARED OF RETALIATION
SAME OFFICER HANDLES APPEALS.

COUNT III

1. The following constitutional or other federal right has been violated by the Defendant(s): _____

CIVIL AND UNUSUAL TREATMENT

2. Count III involves: (Check **only one**; if your claim involves more than one issue, each issue should be stated in a different count)
- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Medical care | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Exercise of religion |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ |

3. **Supporting Facts:** (State as briefly as possible the FACTS supporting Count III. Describe exactly what each Defendant did or did not do to violate your rights. State the facts clearly in your own words without citing legal authority or arguments).

DR. REGIER AT SDSP SIOUX FALLS REFUSED
THE PRESCRIBED MEDICATION BY SANFORD
HOSPITAL AND NEVER WAKE UP AFTER
DRUGS SAYING "D.D.C. POLICY" FAR FROM INMATES
PAIN MEDS

DR. W. L. GA. BT MIKE DUFFY ST. PRISON
REFUSED ME NECESSARY MEDICATION. STATED
I NEEDED MEDICATION BUT D.D.C. POLICY
PROHIBITED HIM FROM ORDERING IT FOR ME

UNIT MGR D. T. MUNSON AT SDSP SIOUX FALLS,
REFUSED ME DIABETIC SUPPLIES ORDERED BY DRUGS
SAYING "THEY COST TOO MUCH"

4. **Injury:** (State how you have been injured by the actions or inactions of the Defendant(s)).

INJURY TO MENTAL AND PHYSICAL HEALTH

5. **Administrative Remedies:**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Count III? ☐ Yes ☒ No
- Did you appeal your request for relief on Count III to the highest level? ☐ Yes ☒ No
- If you did not submit or appeal a request for administrative relief to the highest level, briefly explain why you did not. SAME PEOPLE HANDLE

REMINDING THAT DO A CCUSED ACTS

(If you assert more than three Counts, answer the questions listed above for each additional Count on a separate page.)

D. REQUEST FOR RELIEF

State briefly what you want the Court to do for you.

ORDER JURY TRIAL SO I CAN PROVE MY
CASE. ORDER WITNESSES AND RECORDS APPOINT
ATTORNEY TO REPRESENT ME. REMOVE ME FROM
STATE CUSTODY WHILE CASE IS BEING PROSECUTED
SO STATE CANT RETALIATE AGAINST ME. APPOINT
FEDERAL MONITOR TO OVERSEE STATE PRISON
SYSTEM IF COURT FEELS ITS WARRANTED AND
ANY OTHER THING THE COURT DEEM
NECESSARY.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

12-21-11

DATE

George Harp
SIGNATURE OF PLAINTIFF

NO HELP

(Name and title or paralegal, legal assistant, or
other person who helped prepare this complaint)

(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If needed, you may attach additional pages. The form, however, must be completely filled in to the extent applicable.